

**Bethalto Community Unit School District #8  
Health, Vision, & Dental Rates 2022-2023**

**Health Insurance - BlueCross BlueShield of IL (BCBS)**

**BCBS Buy Up Plan 1- \$500 Deductible**

Plans	Monthly Total	EMPLOYER Per		Employee Per	Annual Employee Cost	12-Month Non-Certified		9-Month	
		Month Cost	Month Cost			Per Pay Rate (Paid Twice a Month)	Per Pay Rate (Paid 18 Pays Per Year)		
EE	\$ 711.88	\$ 605.10	\$ 106.78	\$ 1,281.36	\$ 53.39	\$ 71.19			
EE + Spouse	\$ 1,376.05	\$ 705.10	\$ 670.95	\$ 8,051.40	\$ 335.48	\$ 447.30			
EE + Child(ren)	\$ 1,320.53	\$ 705.10	\$ 615.43	\$ 7,385.16	\$ 307.72	\$ 410.29			
Family	\$ 2,043.07	\$ 855.10	\$ 1,187.97	\$ 14,255.64	\$ 593.99	\$ 791.98			

**BCBS Base Plan 2 - \$1,500 Deductible**

Plans	Monthly Total	EMPLOYER Per		Employee Per	Annual Employee Cost	12-Month Non-Certified		9-Month	
		Month Cost	Month Cost			Per Pay Rate (Paid Twice a Month)	Per Pay Rate (Paid 18 Pays Per Year)		
EE	\$ 647.97	\$ 550.77	\$ 97.20	\$ 1,166.40	\$ 48.60	\$ 64.80			
EE + Spouse	\$ 1,252.52	\$ 650.77	\$ 601.75	\$ 7,221.00	\$ 300.88	\$ 401.17			
EE + Child(ren)	\$ 1,201.98	\$ 650.77	\$ 551.21	\$ 6,614.52	\$ 275.61	\$ 367.48			
Family	\$ 1,859.67	\$ 800.77	\$ 1,058.90	\$ 12,706.80	\$ 529.45	\$ 705.94			

**BCBS High Deductible Plan 3 - \$3,500 Deductible**

Plans	Monthly Total	EMPLOYER Per		Employee Per	Annual Employee Cost	12-Month Non-Certified		9-Month	
		Month Cost	Month Cost			Per Pay Rate (Paid Twice a Month)	Per Pay Rate (Paid 18 Pays Per Year)		
EE	\$ 588.35	\$ 500.10	\$ 88.25	\$ 1,059.00	\$ 44.13	\$ 58.84			
EE + Spouse	\$ 1,137.27	\$ 600.10	\$ 537.17	\$ 6,446.04	\$ 268.59	\$ 358.12			
EE + Child(ren)	\$ 1,091.38	\$ 600.10	\$ 491.28	\$ 5,895.36	\$ 245.64	\$ 327.52			
Family	\$ 1,688.55	\$ 750.10	\$ 938.45	\$ 11,261.40	\$ 469.23	\$ 625.64			

**Vision Insurance - MetLife**

Plans	Monthly Total	EMPLOYER Per		Employee Per	Annual Employee Cost	12-Month Non-Certified		9-Month	
		Month Cost	Month Cost			Per Pay Rate (Paid Twice a Month)	Per Pay Rate (Paid 18 Pays Per Year)		
EE	\$ 6.07	\$ 5.16	\$ 0.91	\$ 10.92	\$ 0.46	\$ 0.61			
EE + Spouse	\$ 11.52	\$ 5.16	\$ 6.36	\$ 76.32	\$ 3.18	\$ 4.24			
EE + Child(ren)	\$ 12.12	\$ 5.16	\$ 6.96	\$ 83.52	\$ 3.48	\$ 4.64			
Family	\$ 17.83	\$ 5.16	\$ 12.67	\$ 152.04	\$ 6.34	\$ 8.45			

**Dental Insurance - MetLife**

**PPO Option 1 Plan (LOW)**

Plans	Monthly Total	EMPLOYER Per Month Cost	Employee Per Month Cost	Annual Employee Cost	12-Month Non-Certified Per Pay Rate (Paid Twice a Month)	9-Month Non-Certified Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 24.79	\$ 21.07	\$ 3.72	\$ 44.64	\$ 1.86	\$ 2.48
EE + Spouse	\$ 51.49	\$ 21.07	\$ 30.42	\$ 365.04	\$ 15.21	\$ 20.28
EE + Child(ren)	\$ 70.89	\$ 21.07	\$ 49.82	\$ 597.84	\$ 24.91	\$ 33.22
Family	\$ 96.51	\$ 21.07	\$ 75.44	\$ 905.28	\$ 37.72	\$ 50.30

**PPO Option 2 Plan (HIGH)**

Plans	Monthly Total	EMPLOYER Per Month Cost	Employee Per Month Cost	Annual Employee Cost	12-Month Non-Certified Per Pay Rate (Paid Twice a Month)	9-Month Non-Certified Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 34.70	\$ 21.07	\$ 13.63	\$ 163.56	\$ 6.82	\$ 9.09
EE + Spouse	\$ 66.14	\$ 21.07	\$ 45.07	\$ 540.84	\$ 22.54	\$ 30.05
EE + Child(ren)	\$ 81.72	\$ 21.07	\$ 60.65	\$ 727.80	\$ 30.33	\$ 40.44
Family	\$ 115.11	\$ 21.07	\$ 94.04	\$ 1,128.48	\$ 47.02	\$ 62.70

**Life Insurance - MetLife**

\$50,000 Employer Paid Life Insurance for all Employees who **do not** have Health Insurance.

\$10,000 Employer Paid Life Insurance for all Employees who **do** have Health Insurance.